

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
		Application Number	10/554,106
		Filing Date	August 28, 2006
		First Named Inventor	Hiroya KOBAYASHI
		Examiner Name	Y. K. Aggarwal
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2622
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No. 046884-5433-00-US-217376	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account		Deposit Account Number: 50-0573		Deposit Account Name: Drinker Biddle & Reath LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____ 52 26							
Each independent claim over 3 (including Reissues) _____ 220 110							
Multiple dependent claims _____ 390 195							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
6 - 20 or HP = _____	x _____	= _____	Fee (\$)	Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20. _____							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
2 - 3 or HP = _____	x _____	= _____	Fee (\$)	Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3. _____							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 = _____	/50 = _____	(round up to a whole number) x _____		= _____	Fees Paid (\$)		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) _____							
Other (e.g., late filing surcharge): 1253 Extension for response within third month _____ 1,110.00							

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	59,077	Telephone 202.230.5128
Name (Print/Type)	Hyun J. Jung		Date	July 12, 2011	